City of Columbus | Department of Development | Building Services Division | 757 Carolyn Avenue, Columbus, Ohio 43224

FIRE SUPPRESSION PERMIT APPLICATION



TYPE OR PRINT ALL INFORMATION

☐ 1-, 2-, or 3-FAMILY RESIDENTIAL	Date
\Box 4 (OR MORE) FAMILY RESIDENTIAL (# OF DWELLING UNITS =)
□ COMMERCIAL□ REVISION to Fire Suppression Permit #:	
□ MULTIPLE PERMIT APPLICATIONS SUBMITTED	APPLICATION # OF
(Consideration for the assessment of a single \$30.00 Application Verification will only be made to applications submitted for the SAME ADDRESS at the S. This fee will be assessed to the first permit request processed.)	Fee (Please indicate the total number of applications bei
TYPE OF PERMIT	Bldg Permit #
☐ Alter Existing ☐ Addition to Building	☐ Replace/Repair Existing
ADDRESS OF JOB	CityZip Code
Working In Unit(s) # TAX DISTRICT/PA	
Tenant Name(s)	Telephone ()
CONTRACTOR	
Street Address	City/State Zip Code
State Company #	State Installer #
SIGNATURE OF CERTIFIED INSTALLER OR AUTHORIZED SIGNER	PRINT OR TYPE NAME
PROPERTY OWNER OF RECORD	
Street Address	City/StateZip Code
SIGNATURE OF OWNER	PRINT OR TYPE NAME
Soft Account/PIN #	Authorized Signature of Account
Indicate Number of Devices/Systems to be Installed or Altered:	☐ UNDERGROUND ONLY WITH A PHASE I FOUNDATION
SPRINKLER HEADS	INDEPENDENT SUPPRESSION SYSTEMS (Wet or Dry Chemical, Carbon Dioxide, Etc.)
LIMITED AREA SPRINKLER HEADS	SPECIFY TYPE:
STANDPIPES	# OF SYSTEMS:
FICE USE ONLY	
Total Fee Receipt #	WORKSHEET ADEQUACY
	PLANS APPROVED